

## St. Andrew's Care Home Care Home Service

Stirches  
Hawick  
TD9 7NS

Telephone: 01450 372 360

**Type of inspection:**  
Unannounced

**Completed on:**  
16 December 2025

**Service provided by:**  
Park Homes (UK) Limited

**Service provider number:**  
SP2006008483

**Service no:**  
CS2006131208

## About the service

St. Andrew's Care Home is a care home for older people situated on the outskirts of Hawick in the Scottish Borders. The service provides nursing and residential care and is registered for 40 people, including short breaks and respite. Included in the overall numbers will be two places for named people under the age of 65 who were resident in the home on 15 January 2020.

The home has submitted an application to vary their conditions of registration to reduce the number of people, following their decision to close the second-floor accommodation.

The home is situated in its own grounds with parking for people using the service and visitors. As the home is situated out with the town, access to transport is advised.

Accommodation is provided over two floors which both have access to sitting areas and dining rooms. Rooms are single, however there are larger rooms which can accommodate couples who are looking for ongoing care and support. Some rooms have full en-suite facilities which include toilet, wash hand basin and shower. Other rooms are standard with no facilities but with toilet and bathroom facilities close by. People have access to a garden area to the rear of the home.

At the time of this inspection there were 28 people living in the care home.

St. Andrew's Care Home is owned by Park Homes (UK) limited whose base is in Bradford.

## About the inspection

We carried out an inspection on 14 August 2025 where we evaluated four out of five Key Questions as 'weak'. We took enforcement action to require the provider to improve the quality of people's care and issued an Improvement Notice on 19 August 2025. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

We carried out a follow up inspection on 28 October 2025 to monitor improvements made by the provider. We found that one required improvement, around Infection Prevention and Control (IPC) had been met. The other two required improvements (Environment, and Management and Leadership) were not met, and we extended the timescale to 15 December 2025 to give the provider more time to make the improvements.

This unannounced follow up inspection took place on 16 December 2025 from 08:45 to 13:30. The purpose of the inspection was to evaluate progress the provider had made in meeting the two outstanding required improvements detailed within the Improvement Notice. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included findings from previous inspections and monitoring visits, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with two people using the service and their relatives.
- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- spoke with external professionals

## Key messages

- Improved standards of IPC had been maintained, contributing to a safer and more comfortable environment for residents.
- The provider had taken steps to eliminate hazards in line with health and safety regulations, including fire safety issues.
- Staffing levels had increased, enabling care staff to provide people with more effective and timely care and support.
- Off-site senior managers visited the home regularly to offer support and provide clear decision making around required improvements.
- Improvements to support effective communication between staff in all roles had been maintained.
- Most outstanding environmental issues had been addressed, with remaining repairs planned to commence in early 2026.
- The service had met the remaining required improvements issued in an Improvement Notice dated 19 August 2025.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

3 - Adequate

Within the Improvement Notice a requirement was made about management and leadership, with a specific stipulation to ensure sufficient staffing levels were in place. This required improvement was complied with on 16 December 2025. The improvements resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

During this inspection, we noted improvements in the provision of safer staffing levels. Staffing numbers had increased, reducing risks to people using the service and enabling their care needs to be met more promptly. This had a positive impact on both the mental and physical wellbeing of people using the service.

Additionally, the improved standards of infection prevention and control (IPC) observed during the follow up inspection in October 2025 had been maintained.

## How good is our leadership?

3 - Adequate

Within the Improvement Notice a requirement was made about management and leadership. This required improvement was complied with on 16 December 2025. The improvements resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

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Improvements had been made to strengthen governance and decision-making at both service and organisational level. These changes helped manage risk, improve the quality of care and support the wellbeing and safety of those living and working within the service.

The registered manager had received appropriate support to manage their workload and maintained regular contact with off-site senior managers. Communication processes had improved, with evidence of consultation with people, their representatives and staff to discuss key issues and developments. Sustaining these improvements will be essential to reinforce confidence in the provider's capacity to deliver high quality care and support.

## How good is our staff team?

3 - Adequate

Within the Improvement Notice a requirement was made about management and leadership, with a specific stipulation to ensure sufficient staffing levels were in place. This required improvement was complied with on 16 December 2025. The improvements resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

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An increased provision of care staff, supported by both a senior carer and a nurse, demonstrated closer alignment with the provider's safe staffing targets. Dedicated kitchen staff were now in post, ensuring frontline support staff would no longer be redeployed to ancillary tasks.

Successful recruitment had strengthened other departments, reducing risks to people and contributing to greater overall staffing stability across the home. Consequently, people using the service could expect safer and more responsive care and support.

### How good is our setting?

### 3 - Adequate

Within the Improvement Notice a requirement was made about the environment. This required improvement was complied with on 16 December 2025. The improvements resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

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The provider had addressed all immediate hazards, ensuring the living environment was free from ongoing safety risks. Fire exits were clear and operational. A new fire alarm system had been installed and was undergoing testing prior to the removal of the old system.

Improvements made to the external grounds included repairing railings, clearing debris and scheduling for removal of remaining skips. Internal repairs were carried out to plaster and paintwork damaged by damp, alongside the introduction of a regular maintenance schedule to prevent further dampness and water ingress. Roof repairs had been agreed with a contractor, and upgrades such as new flooring had been completed in private en-suites, in line with IPC recommendations.

Further works were planned for early 2026, including completion of repairs to the remaining en-suites and roof. Longer-term plans to modernise communal showers and bathrooms had also been agreed, with work scheduled to begin in January 2026.

Overall, the necessary environmental improvements had been implemented, creating a safer, more secure and well-maintained environment, which promotes dignity and respect.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure people's preferences and intended outcomes are met the service should:

- Ensure people's personal and oral care choices are being offered and supported daily or as frequently as recorded in their care plan;
- Records should be monitored and audited to identify any gaps and any actions taken;
- Where appropriate, consistent approaches should be established to encourage people to engage with accepting personal and oral care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected" (HSCS 1.4).

"My needs, as agreed in my personal plan, are fully met and my wishes and choices respected" (HSCS 1.23).

This area for improvement was made on 3 June 2024.

#### Action taken since then

This area for improvement has not been assessed and remains in place.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

**Detailed evaluations**

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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